

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		04/05/00
O.I.P.E. CLASSIFIER		10	4-10-00
FORMALITY REVIEW	<i>[Signature]</i>	66795	06/01/00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

3/21/00

Claim	Date
1	
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14	N
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21	
22	N
23	
24	
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27	
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29	
30	
31	
32	
33	
34	N
35	
36	
37	
38	
39	
40	
41	N
42	
43	✓
44	✓
45	✓
46	✓
47	✓
48	✓
49	✓
50	✓

Claim	Date
51	✓
52	✓
53	✓
54	✓
55	✓
56	✓
57	✓
58	✓
59	✓
60	✓
61	✓
62	✓
63	✓
64	✓
65	✓
66	✓
67	✓
68	✓
69	✓
70	N
71	N
72	✓
73	✓
74	✓
75	✓
76	✓
77	✓
78	✓
79	✓
80	✓
81	✓
82	✓
83	✓
84	✓
85	✓
86	✓
87	✓
88	✓
89	✓
90	✓
91	✓
92	✓
93	✓
94	✓
95	✓
96	✓
97	✓
98	✓
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100	✓

Claim	Date
101	
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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